

## **Special Use Permit**

Number:	Issuing Date:	
Name of		
Organization:Represented By:	Expiration Date:	
	_	
Address:	Zip:	
Phone Number: Fax:	E-mail:	
Purpose:		
Location		
State Park	Area of Park	
Date of Event:/	Time of Event:/	
Month Day Year	Beginning End	
Approved By:	-	
Title:	Date:	
Permittee shall and hereby does waive and release any a Department of Conservation and Recreation or its offic Commonwealth of Virginia for any and all damages, lo arising either directly or indirectly from the use of said privileges granted by this permit.	ers, employees, agents, or the osses or costs to persons or property	
Permittee agrees to exercise privileges granted in the pe instructions, whether written or verbal, issued by Division		
This permit shall immediately terminate upon the violatic contained.	on of any of the conditions herein	
Additional conditions are attached: Yes	No	
Signature of Permittee	Date	
Organization Represented		

(DCR 199-044) (12/00)